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Bib Data Sheet

CONFIRMATION NO. 5614

SERIAL NUMBER 10/715,853	FILING DATE 11/19/2003  RULE	CLASS 283	GROUP ART UNIT 3722	ATTORNEY DOCKET NO. 7323
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None - 7/17/04*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None - 7/17/04*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>			

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TITLE

Postal mailer with calling card

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____